

CDC HIV/AIDS Science Facts:

CDC Releases Revised HIV Testing Recommendations in Health-Care Settings

September 2006

Effective September 2006, CDC has revised its recommendations for HIV testing in health-care settings. The *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* aim to make HIV testing a routine part of medical care in addition to expanding the gains made in diagnosing HIV infection among pregnant women. The *Recommendations* replace CDC's 1993 *Recommendations for HIV Testing Services for Inpatients and Outpatients in Acute-Care Settings* and they update portions of CDC's 2001 *Revised Guidelines for HIV Counseling, Testing, and Referral* and *Revised Recommendations for HIV Screening of Pregnant Women*.

What is different about the new Recommendations?

Key differences in the *Recommendations* for patients in all health-care settings are:

- HIV screening (another term for broad-based testing) for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- HIV testing of people at high risk for HIV infection at least once a year.
- Screening should be incorporated into the general consent for medical care; separate written consent is not recommended.

- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

Additional key differences in the *Recommendations* for pregnant women in health-care settings are:

- Including HIV screening in the routine panel of prenatal screening tests for all pregnant women, unless the patient declines (opt-out screening).
- Repeat screening in the third trimester in certain jurisdictions with elevated rates of HIV infection among pregnant women.

The *Recommendations* emphasize the importance of voluntary testing. Various constituencies have expressed concern that eliminating the recommendation for separate informed consent for an HIV test could result in some patients being tested for HIV without their knowledge. Others have asserted that requiring separate, written informed consent is a barrier that makes HIV screening difficult to conduct in health-care settings, and that removing this requirement would make widespread HIV screening feasible.

Concerns have also been expressed over the lack of HIV prevention counseling in conjunction with HIV testing. CDC continues to support prevention counseling as an intervention to help people reduce their risks for HIV, but recognizes it can become a barrier to HIV testing in busy health-care settings. CDC still recommends that patients receive



information about HIV testing, HIV infection, and the meaning of test results.

Why did CDC revise the *Recommendations*?

There are several compelling reasons why CDC has revised the *Recommendations*.

- An estimated one-fourth of the approximately 1 million persons in this country who are living with HIV do not know they are infected. That's approximately 250,000 persons who could be spreading HIV to their partners unknowingly. As HIV screening becomes a more routine aspect of medical care, more people will know they are infected with HIV.
- People living with HIV can receive effective treatment, resulting in improved health and extended life, if their HIV infection is diagnosed earlier. Currently, many people learn of their HIV infection only after they have developed symptoms (in a large study of HIV-infected persons, 44% reported they were first tested for HIV because of illness).
- Most people, after finding out they have HIV, adopt behaviors that reduce HIV transmission. Routine HIV testing may help protect the partners of persons who are living with HIV but do not know it. In theory, new sexually transmitted HIV infections could be reduced more than 30% per year if all HIV-infected persons knew of their infection and adopted changes in behavior similar to those of persons already aware of their infection.
- Routine HIV testing may reduce the stigma associated with an HIV test offered based on the health-care provider's perception (or knowledge) of risk. When every person gets offered an HIV test at some point in his or her health care, it should take controversy and judgment out of the test and make it a normal part of taking care of oneself.
- Providers reported that requirements for pre-test counseling and written informed consent were not feasible in emergency rooms and other busy health-care settings.

For whom are the *Recommendations* intended?

The *Recommendations* are intended for health-care providers in both the public and private sectors. These include health-care workers in hospital emergency departments, inpatient services (including labor and delivery), correctional health care facilities, clinics including substance abuse treatment, public health, community, pediatric and adolescent, prenatal, and mental health, and other primary care settings.

These *Recommendations* address HIV testing in health-care settings only. They do not change existing CDC recommendations on HIV counseling, testing, and referral for persons at high risk for HIV who receive testing in nonclinical settings (e.g., at community-based organizations.)

How did CDC develop the *Recommendations*?

These *Recommendations* are the culmination of a lengthy and deliberate process that began in 1999 when the Institute of Medicine (IOM) recommended adopting a national policy of universal testing of pregnant women with patient notification (opt-out screening), eliminating requirements for extensive pretest counseling, and eliminating requirements for explicit written consent for HIV testing. Adoption of the IOM recommendations led to increased prenatal screening, and, combined with appropriate medical care, contributed to a dramatic 95% decline in perinatally acquired AIDS cases. CDC began exploring the feasibility of adopting a similar policy for the general public, which could bring about reductions in sexually transmitted HIV. Between 1999 and 2006, CDC involved health-care providers, representatives from professional associations and community organizations, researchers, public health officials, and persons living with HIV to research and refine the *Recommendations* in order to expand HIV testing, especially in high-volume, high-prevalence acute-care settings. Through this process, CDC has tried

to involve persons most likely to be affected by the *Recommendations* and ensure the resulting *Recommendations* are ethical and fair and would achieve their stated goals.

Conclusion

CDC believes that the adoption of voluntary, HIV screening in health-care settings will foster the earlier detection of HIV infection, help health-care workers identify and counsel persons with previously unrecognized HIV infection and link them to clinical and prevention services, and further reduce sexual and perinatal transmission of HIV in the United States.

For more information . . .

CDC HIV/AIDS

<http://www.cdc.gov/hiv>
CDC HIV/AIDS resources

CDC-INFO

1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources

<http://www.hivtest.org>
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)

1-800-458-5231
<http://www.cdcnpin.org>
CDC resources, technical assistance, and publications

AIDSinfo

1-800-448-0440
<http://www.aidsinfo.nih.gov>
Resources on HIV/AIDS treatment and clinical trials